



164182

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 Chestnut Building  
Philadelphia, Pennsylvania 19107-4431

**Subject:** Recommendation for Determination of  
Imminent and Substantial Endangerment  
at the Pathan Chemical Site

DATE: 8-21-95

**FROM:** Jack Owens, On-Scene Coordinator  
Eastern Response Section (3HW31)

*Jack Owens*

**TO:** Abraham Ferdas, Associate Director  
Office of Superfund (3HW02)

1. Site Name and Location:

Pathan Chemical Company  
425-47 E. Moyer Street  
Philadelphia, Pennsylvania 19124

2. Owner/Operator:

Mr. Naseer Kahn

3. Population Information/Area Description

200 persons (estimated) live or work  
within one block radius. The area  
is primarily Residential.

4. Access: Restricted

5. Coordination with Other Authorities:

State Contact: Mr. Rex Miller, DEP  
Local Contact: Chief James Whalen, PFD  
Other Contact: Evan Schofield, PWM

6. SITE CHARACTERISTICS:

'4-Story Brick, U-shaped 75 ft X 150 ft,  
in poor condition.

7. HAZARDOUS SUBSTANCES PRESENT:

Potassium Cyanide, Sodium Cyanide, Sulfuric Acid, BTC,  
Barium Carbonate, Dioxin, Hydrochloric Acid, Vinyl  
Acetone, Nitrocellulose, Formaldehyde, etc.

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#5

8. Threat to Public Health or Welfare or the Environment:  
 (References are Section 300.415 of the NCP)  
 300.415(b)(2)(i) Actual or potential exposure to hazardous substances or pollutants or contaminants by nearby populations, animals, or food chain.

EXPLANATION: There is a variety of hazardous substances which are incompatibly stored in containers of varying degrees of deterioration. The nearest private dwelling is connected to the West end of the building. Children and young adults play on a public parking lot within forty-five feet of the Site. A chemical release from the Site would expose nearby residents to hazardous vapors and fumes.

300.415(b)(2)(ii) Hazardous substances or pollutants or contaminants in drums, barrels, tanks, or other bulk storage containers, that may pose a threat of release.

EXPLANATION: Drums and other containers of incompatible materials are stored together and are in poor condition. Some are rusted through and have leaked.

300.415(b)(2)(iv) Threat of fire or explosion.

EXPLANATION: The Site was vandalized as recently as July, 1995. The Fire Department is concerned that a fire or explosion within the structure would expose the local community to potentially toxic smoke, fumes, and vapors. The building is of old mill construction (heavy timbers) and would become rapidly engulfed in flames requiring evacuation of the surrounding community.

300.415(b)(2)(vii) The availability of other appropriate Federal or State response mechanisms to respond to the release.

EXPLANATION: The City of Philadelphia has requested EPA assistance because it does not have the resources to stabilize the Site. The Pennsylvania Department of Environmental Protection has been informed of the situation, and they are unable to address the Site at this time.

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**RECOMMENDATIONS:**

Because of the factors outlined above, I have determined that a threat to the public health or welfare or the environment exists at the Site, and I recommend that the Site be found to pose an imminent and substantial endangerment to public health, welfare or the environment. This recommendation has been coordinated with the appropriate designee within EPA's Office of Solid Waste and Emergency Response pursuant to the requirements of Delegation 14-14-A (dated October 12, 1989).

Approved:

  
Abraham Fekdas  
Associate Division Director

Date:

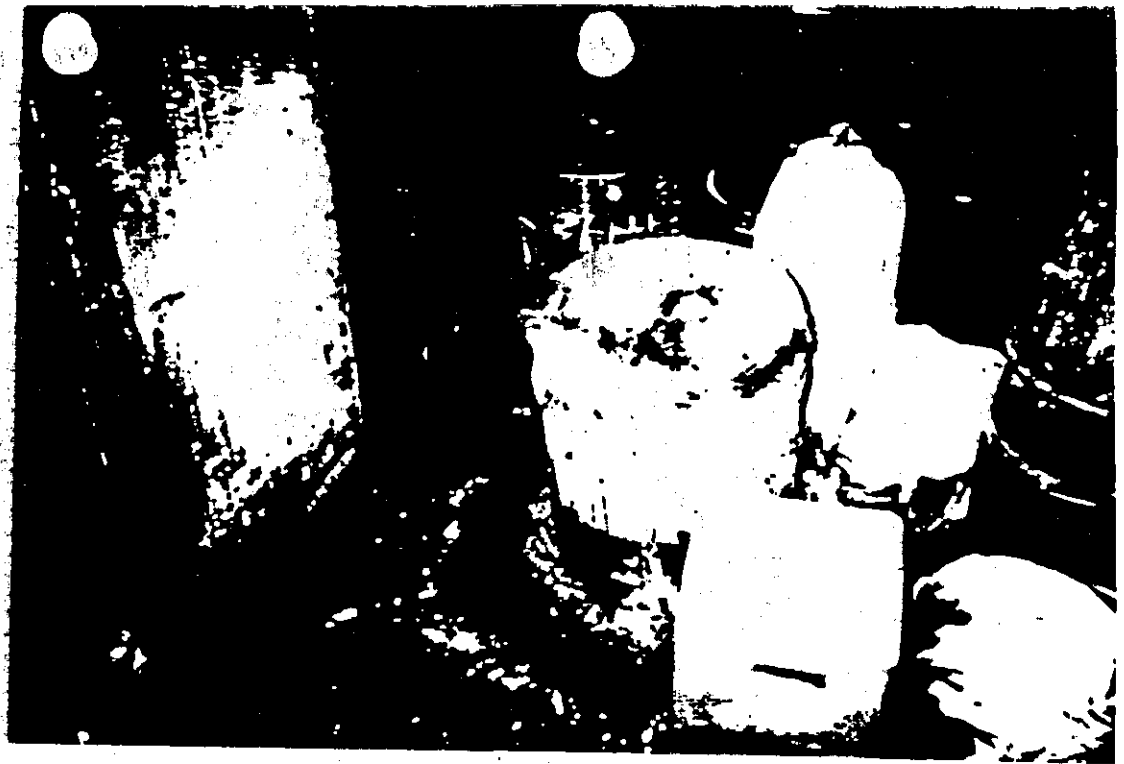
7/25/95

List of Supporting documents: Incident Notification Report  
Site Photographs

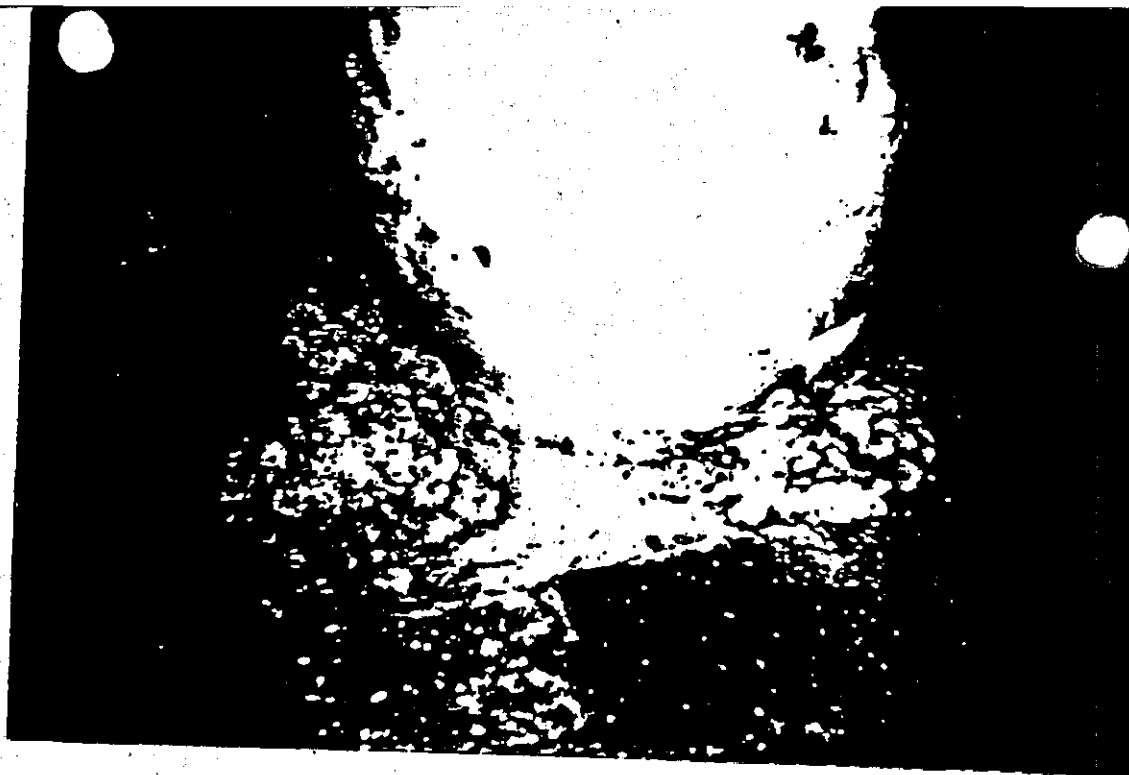
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Recorded By: <u>2 May 88</u>		Multiple Report: <input type="checkbox"/>		Regional Time Interval: _____			
Through NRC: <input type="checkbox"/>		NRC Case Number: <u>NONE</u>		Multiple Regions: <input type="checkbox"/> as Number: _____			
SSR Report: <input type="checkbox"/>		CR Number: _____					
<b>A. REPORTER</b>		Confidentiality Requested: <input type="checkbox"/>		* Reported By: <u>Chief Halen</u>			
-Privacy Act		Organization Name: _____					
Organization: (check one) <input type="checkbox"/> Discharger <input type="checkbox"/> Public <input type="checkbox"/> State <input checked="" type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown							
* Address: <u>Phila</u>				* Phone: <u>215 686-1318</u> ext. _____			
City: <u>Phila</u>		County: <u>Phila</u>		State: <u>PA</u> Zip: _____			
<b>B. Discharger</b>		Same As A. <input type="checkbox"/> Organization: (check one) <input type="checkbox"/> Private Co. <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Unknown					
Discharger Name: _____				Phone: ( ) _____ ext. _____			
Contact Name: _____				2nd Phone: ( ) _____ ext. _____			
Address: _____				Facility ID Number: _____			
City: _____		County: _____		State: _____ Zip: _____			
<b>C. Incident</b>		Same As A. <input type="checkbox"/> Street or Approx. Location: <u>425-27 E. Moyer St</u>					
Location		Same As B. <input type="checkbox"/>					
City: <u>Phila</u>		County: <u>Phila</u>		State: <u>PA</u> Zip: <u>19124</u> Milepost: _____			
<b>D. Date</b>		Discovery Date (mm/dd/yy): _____		Spill Date (mm/dd/yy): _____			
				Spill Time (hh/mm): _____			
<b>E. Material</b>		Material Type: (check one) <input type="checkbox"/> Unknown <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Has Sub <input type="checkbox"/> Other					
Material Name		CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quant. in Water
1. <u>Yuk Chemicals</u>					<u>200-300</u>	<input checked="" type="radio"/> gal <input type="radio"/> ton <input type="radio"/> other	
2. _____						<input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> other	
3. _____						<input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> other	
<b>F. Source</b>		Source of Spill: (Check Any) <input type="checkbox"/> Highway <input type="checkbox"/> Railway <input type="checkbox"/> Pipeline <input type="checkbox"/> UST <input checked="" type="checkbox"/> Fixed Facility <input type="checkbox"/> Other					
		<input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown					
Vehicle ID or Carrier No.: _____		Number of Tanks: _____		Tank Capacity: _____		Tank Units (circle one) <input checked="" type="radio"/> gal <input type="radio"/> ton <input type="radio"/> other	
Source Description: _____							
<b>G. Medium</b>		Medium Affected: (Check Any) <input type="checkbox"/> None <input type="checkbox"/> Land <input type="checkbox"/> Groundwater <input type="checkbox"/> Other					
		<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Whole Facility <input checked="" type="checkbox"/> Unknown					
Waterway Affected: <u>None</u>							
<b>H. Cause</b>		Reported Cause: (Check Any) <input type="checkbox"/> Transportation Accidents <input type="checkbox"/> Operational Error <input type="checkbox"/> Dumping <input type="checkbox"/> Other					
		<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomena <input checked="" type="checkbox"/> Unknown					
Cause Description: _____							
<b>I. Damage</b>		No. of Injuries: _____ <input type="checkbox"/> None		No. of Deaths: _____ <input type="checkbox"/> None		Property Damage > \$50,000: <input type="checkbox"/>	
<b>J. Actions</b>		Evacuations: <input type="checkbox"/>		Response Actions Taken: _____			
<b>K. Notified</b>		Caller Has Notified: (Check Any) <input type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCE <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name: _____							
<b>L. Comments</b>		Comments: <u>Lab at above address up mess chemicals</u>					
		<u>Maynard requesting EPA assistance</u>					
		Additional Information: (See Reverse Side) <input type="checkbox"/>					
<b>M. Response And Evaluation</b>		Response Comments: _____					
		_____					
		_____					
Agency Name:		(Check One)	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> Discharger	<input type="checkbox"/> Federal	<input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Agency Name:		(Check One)	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> Discharger	<input type="checkbox"/> Federal	<input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Agency Name:		(Check One)	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> Discharger	<input type="checkbox"/> Federal	<input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown

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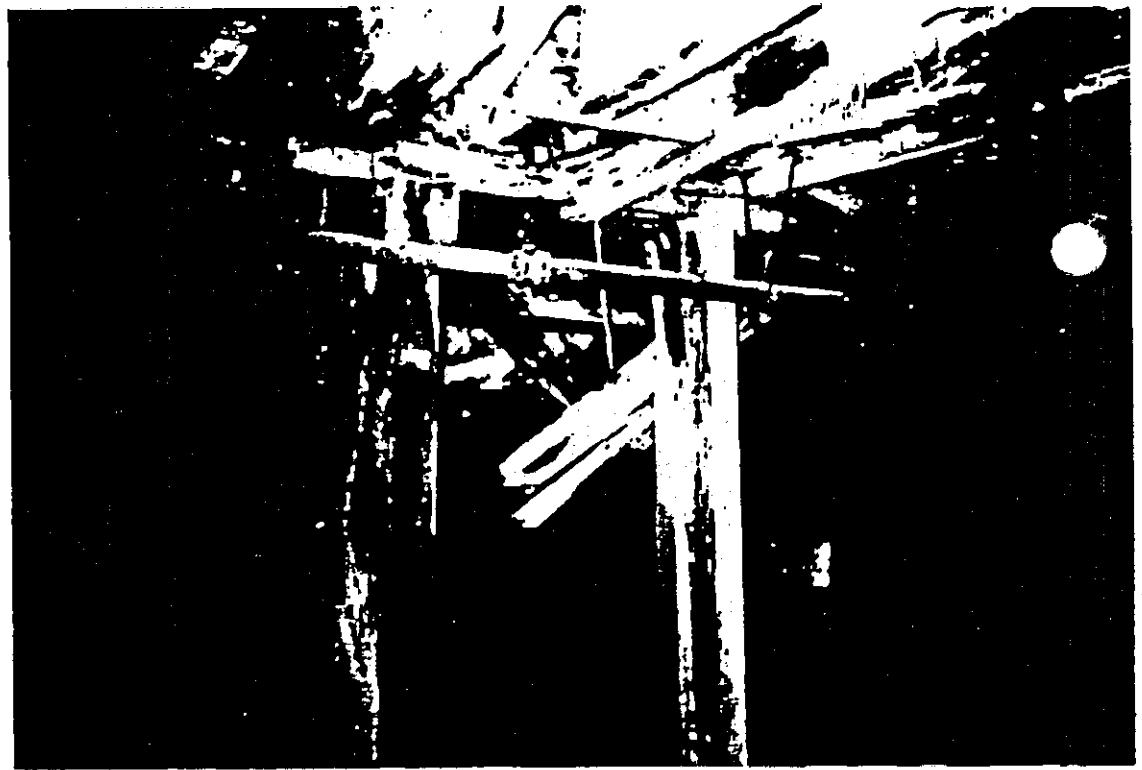
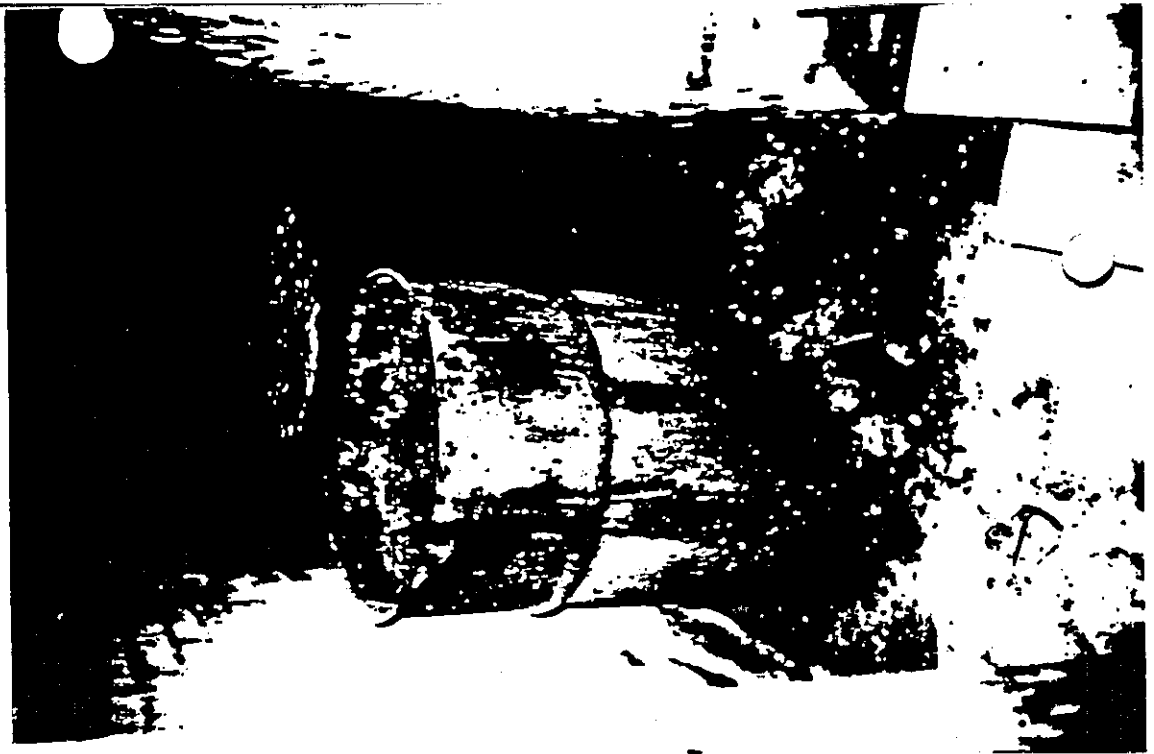
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